

FORM

4160

(REV. 08-2009)

IMPORTANT NOTE:

YOU MAY COMPLETE THIS FORM TO UPDATE YOUR MAILING ADDRESS IN OUR FILES.
IF HANDWRITING THE INFORMATION,

Allumine.				PLEASE PRINT CLEARLY.		
NAME NAME (LAST, FIRST, MIDDLE)				LAST FOUR DIGITS OF V	OUR SOCIAL SECURITY NUMBER	
OLD ADDRESS INFORMATION MAILING ADDRESS			NEW ADDRESS INFORMATION MAILING ADDRESS			
CITY			CITY			
COUNTY	STATE	ZIP CODE	COUNTY	STATE	ZIP CODE	
SIGNATURE	DAY1			E-MAIL ADDRESS		
RECORDS TO BE UPDATED						
DRIVER LICENSE RECOR	DS Driver Lice	ense Record Address	DRIVER LICENSE NUMBER		BIRTHDATE (MM/DD/YYYY)	
NOTE: You must complete a Driv			n permits and nondrive se Office if you want you		o reflect your new address.	
INDIVIDUAL INCOME TAX			ddress Change Questi	. ,		
LIST ALL PASSENGER CAR, TRUCK, RECREATIONAL VEHICLE, MOTORCYCLE AND TRAILER PLATES BELOW:			LIST ALL DISABLED PLACARDS BELOW:			
LICENSE PLATE N	_	EXP. YEAR	DISABLE	D PLACARD NUMBER	EXP. YEAR	
LIST ALL BOAT OR OUTBOARD TITLE						
			BOAT	DR OUTBOARD MOTOR TIT	TLE NUMBER	

BUSINESS TAX RECORDS Business Tax Address Change Questions: (573) 751-5860

To request a change of address for a business, complete a Registration Change Request (Form 126), which can be obtained on our website at: http://dor.mo.gov/tax/business/register/forms/126f.pdf